

**KANSAS STATE BOARD OF PHARMACY**  
**800 SW JACKSON, ROOM 1414**  
**TOPEKA, KS 66612**  
**(785) 296-4056**  
**FAX (785) 296-8420**

**FEE \$50.00**

FOR OFFICE USE ONLY

REG NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICATION FOR ANALYTICAL LABORATORY**

This application is being made for the following reason: (check all that apply):

\_\_\_\_\_New \_\_\_\_\_Change of Address \_\_\_\_\_Change of Ownership

Previous Kansas License Number (if applicable)\_\_\_\_\_

**The owner hereby makes application as follows:**

\_\_\_\_\_  
**NAME OF LABORATORY**

\_\_\_\_\_  
**ADDRESS OF OWNER**

\_\_\_\_\_  
**CITY STATE ZIP PHONE NUMBER**

\_\_\_\_\_  
**RESEARCHER/TEACHER/ CONTACT NAME**

\_\_\_\_\_  
**E-MAIL ADDRESS**

\_\_\_\_\_  
**MAILING ADDRESS FOR RENEWAL INFORMATION IF DIFFERENT THAN PHYSICAL ADDRESS**

\_\_\_\_\_  
**CITY STATE ZIP**

\_\_\_\_\_  
**NAME OF AUTHORIZED AGENT**

\_\_\_\_\_  
**ADDRESS OF AUTHORIZED AGENT**

\_\_\_\_\_  
**CITY STATE ZIP PHONE NUMBER**

**Drug Schedules (Check all that apply)**

\_\_\_ Schedule I \_\_\_ Schedule II/nonnarcotic \_\_\_ Schedule II/narcotic

\_\_\_ Schedule III/nonnarcotic \_\_\_ Schedule III/narcotic \_\_\_ Schedule IV \_\_\_ Schedule V

Are you currently authorized by DEA to conduct research or otherwise handle controlled substances in the schedules for which you are applying? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, has application been made and pending? Yes\_\_\_\_\_ No\_\_\_\_\_

State current DEA Registration Number and Expiration Date.

\_\_\_\_\_

**\*\*ENCLOSE A COPY OF DEA REGISTRATION.\*\***

Has the applicant been convicted of any violation of State or Federal Law relating to controlled substances? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, was conviction a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

Has any previous registration held by the applicant under any name or corporate or legal entity under the Kansas Uniform Controlled Substance Act been surrendered, revoked, suspended, denied or is it pending such action? Yes\_\_\_\_\_ No\_\_\_\_\_

**If yes, attach a letter setting forth the circumstances of such action.**

\_\_\_\_\_

The owner and/or responsible pharmacist understand the registration, if issued, will expire annually on the 30th day of June and such registration will be cancelled if not renewed annually by the 31st day of July.

**OWNER/CORPORATE OFFICER PORTION**

I, \_\_\_\_\_, being the owner or agent of the owner of the analytical laboratory indicated on this application, do solemnly swear (or affirm) that, if a registration be issued as requested, such analytical laboratory will be conducted and operated in full compliance with the Pharmacy Act and the Controlled Substance Act of the State of Kansas and all other laws of Kansas so long as continued under such registration and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if not renewed ANNUALLY by July 31ST.

I further solemnly swear (or affirm) that the statements and representations made in the foregoing application are true and correct.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT OF OWNER

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**AUTHORIZED AGENT/CONTACT PORTION**

I, \_\_\_\_\_, being the AUTHORIZED AGENT of the analytical laboratory indicated on this application, do solemnly swear (or affirm) that I understand that if such registration is issued, it will be issued jointly to the owner and myself and, in the event that I shall no longer be authorized agent of such analytical laboratory, I shall notify the Executive Secretary of the Board of Pharmacy of Kansas and forward such registration to the Executive Secretary.

I further swear (or affirm) that I understand all my responsibilities to the Board of Pharmacy of Kansas as Authorized agent of such analytical laboratory and that I will comply with the Pharmacy Act and the Controlled Substances Act of the State of Kansas and all other laws of Kansas and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if not renewed ANNUALLY by JULY 31ST.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**NOTE: Signatures are required for the owner and the authorized agent. If the owner and authorized are the same individual, both portions must be signed and notarized.**